

Are you 4 or 5 years old and not yet in Kindergarten? If so then join our adventure—Kid Quest! The 1.5 hour class will explore cooking, arts & crafts, gross motor skills, outdoor play and other activities. We may even have a special guest visit us! We will accept 12 children per session on a first come first serve basis. Sessions are four weeks long. Kid Quest is a drop off program held at the Rec Center on Thursdays from 11:30AM-1:00PM. To register fill out this form completely and make payment. NO SPOTS WILL BE HELD. Proof of residency and/or age may be required. A minimum of six (6) children is required to begin class. Cash or personal checks made payable to "Middlesex Rec. Dept." are accepted as payment.

# THURSDAYS @ REC CENTER 11:30AM—1:00PM

Three sessions are offered in 2016. Child must be 4 years old by the session (s) start date.



#### **SESSION 1**

September 15

September 22

September 29

October 6

### **SESSION 2**

October 20

October 27

November 3

November 10– NO CLASS

November 17

## **SESSION 3**

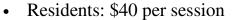
December 1

December 8

December 15

December 22





• Non-residents: \$60 per session

Fee is based upon participant's residence.

#### KID QUEST FALL/WINTER 2016

**KID QUEST!** Please print clearly in ink and return to the Recreation Department during office hours or mail to: Middlesex Recreation Dept., 1200 Mountain Ave., Middlesex, NJ 08846. Please make checks payable to "Middlesex Rec Dept.:" We also accept cash.

	KID QUEST FALL/WINTER 2016		
X	Child's Name		_ Age
	Address		
	City/State/Zip	DOB	
X	Parent Name:	cell#	
	Parent Name:	cell#	
	Contact Email		
0.0	Person(s) bringing child to class or picking up from class (use back for more names):		
X		relationship to child	d
	Specific medical allergies, chronic il be aware of:	lness or other medical condition	s the staff should
X	Emergency contact	phone#	
X	This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence. I confirm that my child is up to date on all immunizations as required by the NJ Dept. of Health and Senior Services Annual Immunizations Report. I also agree that all the information provided is correct and factual. If information is found to be false, I understand that my child will be expelled from program without reimbursement of fees paid.		
	Parent signature	Date	
	OFFICE USE ONLY—DO NOT WRITE IN BOX		
	PAID FOR:	Date	
X	Session 1 Recpt#	_ Date	<del></del>
	Session 2 Recpt#	_ Date	
	Session 3 Recpt#	_ Date	